

2014 IA 1040 Iowa Individual Income Tax Form

For fiscal year beginning ____/____/2014 and ending ____/____/____

Step 1: Fill in all spaces. You must fill in your Social Security Number (SSN).

Your last name _____ Your first name/middle initial _____

Spouse's last name _____ Spouse's first name/middle initial _____

Current mailing address (number and street, apartment, lot, or suite number) or PO Box _____

City, State, ZIP _____

Spouse SSN •		Your SSN •		Email Address: _____
Step 2 Filing Status: Mark one box only.				Check this box if you or your spouse were 65 or older as of 12/31/14. <input type="checkbox"/> •
1	Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input type="checkbox"/> ▲	Residence on 12/31/14: County No. • School District No. •		
2	Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Dependent children for whom an exemption is claimed in Step 3 How many have health care coverage?(including Medicaid or hawk-i) ____ • How many do not have health care coverage? ____ •		
3	Married filing separately on this combined return. Spouse use column B.			
4	Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____			
5	Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.			
6	Qualifying Widow(er) with dependent child. Name: _____ SSN: _____			

Step 3 Exemptions	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3	▲ _____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind	▲ _____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent	▲ _____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here	e. Total \$ _____	e. Total \$ _____

Step 4 Reportable Social Security Benefits as calculated on line 11 of Iowa social security worksheet	B. Spouse/Status 3 ▲	A. You or Joint ▲
	<div></div>	<div></div>

Step 5 Gross Income		B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
	1. Wages, salaries, tips, etc.....	1. _____	_____	_____	_____
	2. Taxable interest income. If more than \$1,500, complete Sch. B	2. _____	_____	_____	_____
	3. Ordinary dividend income. If more than \$1,500, complete Sch. B	3. _____	_____	_____	_____
	4. Alimony received.....	4. _____	_____	_____	_____
	5. Business income/(loss) from federal Schedule C or C-EZ.....	5. _____	_____	_____	_____
	6. Capital gain/(loss), federal Sch. D if required for federal purposes	6. _____	_____	_____	_____
	7. Other gains/(losses) from federal form 4797	7. _____	_____	_____	_____
	8. Taxable IRA distributions.....	8. _____	_____	_____	_____
	9. Taxable pensions and annuities	9. _____	_____	_____	_____
	10. Rents, royalties, partnerships, estates, etc	10. _____	_____	_____	_____
	11. Farm income/(loss) from federal Schedule F	11. _____	_____	_____	_____
	12. Unemployment compensation. See instructions	12. _____	_____	_____	_____
	13. Gambling winnings	13. _____	_____	_____	_____
	14. Other income, bonus depreciation, and section 179 adjustment	14. _____	_____	_____	_____
	15. _____	_____	_____	_____	

NOTE: Use only blue or black ink, no pencils or red ink.

Step 6 Adjustments to Income	16. Payments to an IRA, Keogh, or SEP.....	16. _____	_____	_____	_____
	17. Deductible part of self-employment tax.	17. _____	_____	_____	_____
	18. Health insurance deduction	18. _____	_____	_____	_____
	19. Penalty on early withdrawal of savings	19. _____	_____	_____	_____
	20. Alimony paid	20. _____	_____	_____	_____
	21. Pension/retirement income exclusion.....	21. _____	▲	_____	_____
	22. Moving expense deduction from federal form 3903.....	22. _____	_____	_____	_____
	23. Iowa capital gain deduction; certain sales only. See instructions	23. _____	▲	_____	_____
	24. Other adjustments	24. _____	_____	_____	_____
	25. Total adjustments. Add lines 16-24	25. _____	_____	_____	_____
	26. Net Income. Subtract line 25 from line 15.....	26. _____	_____	_____	_____

Step 7 Federal Tax Addition and Deduction	27. Federal income tax refund / overpayment received in 2014	27. _____	▲	_____	_____
	28. Self-employment/household employment taxes.....	28. _____	▲	_____	_____
	29. Addition for federal taxes. Add lines 27 and 28	29. _____	_____	_____	_____
	30. Total. Add lines 26 and 29.....	30. _____	_____	_____	_____
	31. Federal tax withheld.....	31. _____	▲	_____	_____
	32. Federal estimated tax payments made in 2014	32. _____	▲	_____	_____
	33. Additional federal tax paid in 2014 for 2013 and prior years.....	33. _____	▲	_____	_____
	34. Deduction for federal taxes. Add lines 31, 32, and 33.....	34. _____	_____	_____	_____
	35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2	35. _____	_____	_____	_____



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Step 8
Taxable
Income

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
36. BALANCE. From side 1, line 35.....			36. _____	_____
37. Deduction. Check one box <input type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>			37. _____	_____
38. TAXABLE INCOME. SUBTRACT line 37 from line 36			38. _____	_____

Step 9
Tax,
Credits,
and
Check-
off
Contribu-
- tions

39. Tax from tables or alternate tax	39. _____	_____	_____	_____
40. Iowa lump-sum tax. 25% of federal tax from form 4972	40. _____	_____	_____	_____
41. Iowa minimum tax. Attach IA 6251.	41. _____	_____	_____	_____
42. Total tax. ADD lines 39, 40, and 41.	42. _____	_____	_____	_____
43. Total exemption credit amount(s) from Step 3, side 1.	43. _____	_____	_____	_____
44. Tuition and textbook credit for dependents K-12.	44. _____	_____	_____	_____
45. Volunteer firefighter/EMS/reserve peace officer credit.	45. _____	_____	_____	_____
46. Total credits. ADD lines 43, 44, and 45.	46. _____	_____	_____	_____
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero.	47. _____	_____	_____	_____
48. Credit for nonresident or part-year resident. Include IA 126 and federal return.	48. _____	_____	_____	_____
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero.	49. _____	_____	_____	_____
50. Other nonrefundable Iowa credits. Include IA 148 Tax Credits Schedule.	50. _____	_____	_____	_____
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero.	51. _____	_____	_____	_____
52. School district surtax or EMS surtax. Take percentage from table; multiply by line 51.	52. _____	_____	_____	_____
53. Total tax. ADD lines 51 and 52.	53. _____	_____	_____	_____
54. TOTAL tax before contributions. Combine columns A and B on line 53 and enter here.	54. _____	_____	_____	_____
55. Contributions. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars. Fish/Wildlife 55a: <input type="checkbox"/> State Fair 55b: <input type="checkbox"/> Firefighters/Veterans 55c: <input type="checkbox"/> Child abuse Prevention 55d: <input type="checkbox"/> Enter here.....	55. _____	_____	_____	_____
56. TOTAL TAX AND CONTRIBUTIONS. Add line 54 and line 55 and enter here.	56. <input type="checkbox"/>	_____	_____	_____

Step 10
Credits

57. Out-of-state tax credit. Include IA 130.	57. _____	_____	_____	_____
58. Iowa Fuel tax credit. Include IA 4136	58. _____	_____	_____	_____
59. Check One: <input type="checkbox"/> Child and dependent care credit <input type="checkbox"/> OR <input type="checkbox"/> Early childhood development credit	59. _____	_____	_____	_____
60. Iowa earned income tax credit. 15.0% (.15) of federal credit	60. _____	_____	_____	_____
61. Other refundable credits. Include IA 148 Tax Credits Schedule.	61. _____	_____	_____	_____
62. Total refundable credits. ADD lines 57 - 61.	62. _____	_____	_____	_____
63. Tax after credits. Subtract line 62 from line 53. If less than 0, enter 0	63. _____	_____	_____	_____
64. Taxpayers trust fund tax credit. See instructions.....	64. _____	_____	_____	_____
65. Iowa income tax withheld.	65. _____	_____	_____	_____
66. Estimated and voucher payments made for tax year 2014.	66. _____	_____	_____	_____
67. TOTAL. ADD lines 62, 64, 65, and 66	67. _____	_____	_____	_____
68. TOTAL CREDITS. ADD columns A and B on line 67 and enter here	68. _____	_____	_____	_____

Step 11
Refund
or
Amount
Due

69. If line 68 is more than line 56, Subtract line 56 from line 68. This is the amount you overpaid.	69. <input type="checkbox"/>	_____	_____	_____
70. Amount of line 69 to be REFUNDED.	70. <input type="checkbox"/>	_____	_____	_____
For a faster refund file electronically. Go to www.iowa.gov/tax for details				
71. Amount of line 69 to be applied to your 2015 estimated tax.....	71. _____	_____	_____	_____
72. If line 68 is less than line 56, Subtract line 68 from line 56. This is the AMOUNT OF TAX YOU OWE	72. <input type="checkbox"/>	_____	_____	_____
73. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used. <input type="checkbox"/>	73. <input type="checkbox"/>	_____	_____	_____
74. Penalty and interest <input type="checkbox"/> 74A. Penalty _____ <input type="checkbox"/> 74b. Interest _____ ADD Enter total.	74. _____	_____	_____	_____
75. TOTAL AMOUNT DUE. ADD lines 72, 73, and 74, and enter here.....	75. <input type="checkbox"/>	_____	_____	_____
You can pay online at www.iowa.gov/tax . Mailing address: Iowa Income Tax Document Processing, PO Box 9187, Des Moines IA 50306-9187. Make check payable to Treasurer, State of Iowa.				

Step 12

Political Checkoff - This checkoff does not increase the amount of tax you owe or decrease your refund.	<input type="checkbox"/>	\$1.50 to Republican Party	<input type="checkbox"/>	<input type="checkbox"/>	\$1.50 to Republican Party	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Spouse	<input type="checkbox"/>	\$1.50 to Democratic Party	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yourself	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	\$1.50 to Campaign Fund	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Step 13

I (We), the undersigned, declare under penalty of perjury that I (we) have examined this return, including all accompanying schedules and statements, and, to the best of my (our) knowledge and belief, it is a true, correct, and complete return. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

SIGN
HERE

Your Signature Date ☐ Check if Deceased Date of Death

Preparer's Signature Date

SIGN
HERE

Spouse's Signature Date ☐ Check if Deceased Date of Death

Preparer's PTIN Firm's FEIN

Daytime Telephone Number

Daytime Telephone Number

This return is due April 30, 2015. Please sign, enclose W-2s, and verify SSNs.
MAILING ADDRESS: See line 75 above.

